STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		
County worcedor		Registration Dist. No. 35/
Village or City Downt	ell	No. St., Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death or	2011	ds. How long in U.S. if of foreign birth?
2. FULL NAME Thomas	Collins) 10	Darkly
(a) Residence: No.		St., Ward.
PERSONAL AND STATISTICAL	Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	NGLE, MARRIED, WIDOWED,	21 DATE OF DEATH
	DIVORCED (write the word)	(Mgnjh) (Day) (Year)
5a. If married, widowed, or divorced		(Month) (Day) (Year)
HUSBANO of (or) WIFE of	h	22. I HEREBY CERTIFY, That I attended deceased from
0	0.5	, 19, to, 19
6. DATE OF BIRTH (month, day, and year)	12 1930	I last saw h alive on, 19; death is said
7. AGE Years Months	Oays If LESS than I day, hrs.	to have occurred on the date stated above, at
0 2 2	3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		no Doelor in alleidance
SAWYER, BOOKKEEPER, etc.		Had leh and suiffles
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		suce out - proverty
10. Oate deceased last worked at this occupation (month and	11. Total time (years) spent in this	nereattary sypactis.
year)	occupation	
12. BIRTHPLACE (city or town) Survey	file	Other Contributory Causes of importance: Cald & Calarrh Followed
(State or country) 221	d	by rising in head
13. NAME Polin Coe	line	
13. NAME Oslow Evel 14. BIRTHPLACE (city or town) ac 10	Va	Name ef operation Date of
(State or country)		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cassie !	Barkley	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cassel 1	va	Accident, suicide, or homicide? Oate of injury19
≤ (State or country)		Where did Injury occur?
17 INFORMANT Cassie Ban	feley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Suproffic	-, md.	•••••
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Bush Lett. Dat	0 1/15 ,1937	Nature of injury
19. UNOERTAKER It was & Willia	ciu ·	24. Was disease or injury in any way related to occupation of deceased?
(Address) System Stell	nd	If so, specify DASC
20. FILEO 1/14 1931 LECOL	Swith.	(Signed) TELOY Secret K (CO)
/ /	Registrar.	(Address) Suafothell Mod V
If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

e carefully supplied.

mation sh

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	To de analysis	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
ZITTUTTUSCUTUSUS		1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis FED 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 1: 1:001	July 5, 1927	Peritonitis	3 days ago
	BURRAN T.S.	1:		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N			Exact
· Second			
		ORD	SE should be stated EXACTLY, Prat it may be properly classified.
		RCORD	ted EX
	rn.	ENT	be stat be prot
		Ark	d be
	RINDI Y	A PERMANENT	shoul it ma
	8	A	म् व

	1PLACE OF DEATH	00997 STATE OF MARYLAND
1	County Warester	CERTIFICATE OF DEATH
	Village or City Mervarh (No.	Registration Dist. No. 3 3 C St.: Ward) (If death occurred is a hospital or institu
ificate	2FULL NAME annie Bride	tion, give its NAME in stead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
d no suc	6 DATE OF BIRTH Aug. 189/ (Month) (Day) (Year)	that I last saw h&A alive on 2000.
nstruction	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 10 A m
ant. See i	a) CCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Chronic balrular HEart Sina. (Duration) yrs. mos do
Import	which employed or (employer) Frustivoria 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yts mosds
very	FATHER Mrs. Bethards	(Signad) Ca Halland M. D.
ION is	OF FATHER (State or country) M	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	OF MOTHER MANSON	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
occu	13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs ds. State yrs ds. State if not at place of death?
ent of	(Informant) William Briddly	Former or usual residence
statement	(Address) Menun mod	Deder lo hapel Lan-19, 1932
	Filed Jan 19 1981 I Vi Mounter of Registrar	1. W. Burbuy Berlin ma
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile foelory. The material nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Loborer-Coul mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the single word or term on (e) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL **retication*," ct. can be ascertained as the cause. Always qu'lify all "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonueum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease; etc. The contributory Nomenclature Measles ;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

(If death occurred in a hospital or institu-Ward) tion, give its NAME innumber.)

MEDICAL CERTIFICATE OF DEATH

(Month) (Day) I HEREBY CERTIFY. That I attended the deceased

and that death occurred on the date stated above, The CAUSE OF DEATH * was as follows:

(Duration)

*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

DATE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

FEB 4 1931 BUREAU V.S.

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PLACE OF DEATH
County Warristis

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STATE OF MARYLAND CERTIFICATE OF DEATH

1- 0	Registration Dist. No. 30 24
Village or City & Islam (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED MIDWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 LI HEREBY CERTIFY, That I attended the deceased from 1921. to Jan 1971.
7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at3
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
(State or country) Maryland	(Signed) C A Holland M. D Jan 5: 1981 (Address) Berlin M. d Signed M. D One of the Direct Causing Double or in deaths from
(State or country) Maryland 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrsmos. ds. State yrsds Where was disease contracted, if not at place of death? Former or usual residence
(Address) Bulliam farmulu	Jeveron W.E. Cemely fan. 6 193

If more blanks are needed, address fate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Gracery; (a) Foreman, (b) Automobile factory. The material cupation is very important, so that the relative healthtired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If repred from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Loborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firoman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Agrillo (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully cmhousehold only (not paid Housekeepers who receive a to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation be None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('eraprospinal-fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopnaumonia "Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy." "Collapse." "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite discase tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, or intercurrent) Chronic interstitiol nephritis, approved by Committee on (Recommendations on statement of cause of death tetunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al American Medical Association.) perilonocum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; ('hronic etc. The contributory affection need valvular heart Nomenclature discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BURBAY

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	2	\Box

PLACE OF DEATH

County Worcester

WITHIN CORPORATE LIMITS OF

Village or City Pocomoke City (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or Institu-tion, give its NAME lu-

2FULL NAME Edward S. Costen			number.)
PERSONAL	AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4	White	BSINGLE, MARRIED, WIDOWED. OR DIVORCEDWIDOWET (Write the word)	January 11th., 1951. January (Month) 11 (Day) 1931(Year)
6 DATE OF BIRTH	March (Month)		17 I HEREBY CERTIFY, That I attended the deceased from 1970. to 1970. that I last saw h leasealive on 1970.
7 AGE 7	4 yrs. 9	If LESS than I day hrs mos. 1 day min.	
(a) Trade, profer particular kind of the particular kind of the particular kind of the particular kind of the particular particular particular particular particular particular particular professional particular particula	f work Free of industry blishment in or (employer)	armer	Chestes my cardites with a chaffe negliation (Durstion) yrs. mos. ds Contributory Secondary
10 NAME OF FATHER	William M	aryland	(Signed)
OF FATHER Z (State or con	untry) M	aryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLAC OF MOTHER (State or Con	Mary A.	Wilson aryland	18 LENGTH OF RESIDENCE (For Hospitsls, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant)]	rs.Samuel	A.Evans City, Maryland.	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Methodist ProtestantCem Pocomoke City, Nd. 20 MNDERTAKER ADDRESS OCOMOKE City ADDRESS OCOMOKE City

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write-None. business, that fact may be indicated thus; Farmer (ro gaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as (b) Automobile factory. The material (b) Grocery, Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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de	SI-	PLACE OF DEATH	O1(()) STATE OI	MARYLAND
3	EX	County Workester	CERTIFICA	TE OF DEATH
	Y, P	WITH CORPORATE LIMITS OF	Registration	on Dist. No. 35/
N CE	XACTL classificate.	Village or City Snow Helpmon.	St.:W	tion, give its NAME in
MI C	eriy c	2FULL NAME Soby Coston		stead of street and number.)
<u></u>	ate	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
S H	d be st y be pr ack of	Male Calored Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH	(Day) (Year)
ファ	oule ma n ba	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I	
BI P.E.	8 0 0		192 to	, 192,
R A	ACE that tions	(Month) (Day) (Year)	that I last saw halive on	, 192
S S	so tou		and that death occurred on the date sta	
O SI	ied 18 str	yrs. 0mos. 0ds. ormin.?	The CAUSE OF DEATH * was as follows	allouday.
A T	ern	BOCCUPATION	(D) Noclos	11. 17 . 000
K 1	Seu	(a) Trade, profession or particular kind of work	Julie Lander Control of the Control	Secon son
S X	1: 12	(b) General nature of industry	mid wife "Re	well a
M C	n r tan	business, or establishment in which employed or (employer)	(Duration)	yrsds
A DIN	ATH mpor	9 BIRTHPLACE (State or country)	Contributory Secondary	
RG F	d b DE/	I 10 NAME OF	Phration)	Jy Alexander
MA	out Vel	FATHER Earl Coston	(Signed) & ESCA SCIENCE (Signe	and Hill mo
VITE	on sh USE ON IS	OF FATHER Z (State or country)	*State the Disease Causing Der Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	ath, or, in deaths from Injury and (2) Whether
~	ATI	12 MAIDEN NAME LO MO PLA	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Homicidal)	
91	orn ate	13 BIRTHPLACE	ients or Recent Residents)	the
31	E S	OF MOTHER (State or Country) Without Ma.	of deathyrsmosds.	Stateyrsmosds
Z	-60	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	
ITE	shou	(Informant) Solonia C. Purell	Former or usual residence	
WRIT	Every it CIANS stateme	(Address) Snow Hill md	Eberey M.E. Com.	DATE OF BURIAL
	St.	15 Filed 1/8 1930 LELoy Swith	20 UNDERTAKER	ADDRESS
	<u> </u>	Registrar	Carl Coston	Smow Hold med
	all.	If more blanks are needed, addres State Registrar,	16 W. Daratoga St., Balto., Kequesting	V. D. 1/0. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Stationary fireman, etc. But in many For persons who have no occupation (not paid Housekeepers who receive a Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-

1PLAC	E OF	DEATH /	
PLACE	or	ceste	

1:11:02

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration	Dist. No. 30 3
Village or City Bishopville (No.	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME Vampson D. C	ropper	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	31 , 1931
Jan 3/ (Month) (Day), 193/ (Year) 7 AGE Lived 3 hour If LESS than day hrs. or min.?	that I last saw how alive on and that death occurred on the date states	2 3 / 193/
SOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIDEN NAME OF MOTHER (State or Country) 15 BIRTHPLACE OF MOTHER (State or Country)	Where was disease contracted,	jury and (2) Whether
(Informant) Edwin Croffel	if not at place of death? Former or usual residence	
(Address) Buln my	Bishopville cem	Feb. 1931
15 H4 11 11 11 11 15	20 UNDERTAKER	ADDRESS

Registrar

are needed, address Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No.

N. E.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, additional line is provided for the latter statement; it should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATE, to report specifically the occupations of persons enwhatever, write None. Foreman, For many occupations a especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on 6 The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart etc. The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is permanently filed.

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X	St.	PLACE OF DEATH	STATE OF MARYLAND
X	Exact	County Worceslev	CERTIFICATE OF DEATH
		^	Registration Dist, No. 352
	TL	Village or City Ocean City Classed.	Ca. Wall (If death occurred i
Lao.	S S S	2 FULL NAME Mahally b, of	Davis Still Ward) A hospital or institution, give its NAME in stead of street an number.)
,	stated properl of certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
In H	be st be pr	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED	16 DATE OF DEATH Jenn 30 31
0	ay ba	Timula (Write the word)	(Month) (Day) 43 (Year)
SIN BED	0+2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased trop
M ~	- 47	(Month) (Day) (Year)	that I last saw har alive on the 30, 193/
FOI N	ed. ACE is so that struction	7 AGE [If LESS than	and that death occurred on the date stated above, at,nr
0 =	plied rms instr	89 yrs. 6 mos/6 de. or min.?	The CAUSE OF DEATH * was a follows:
VE VE	upplie terms ee inst	8 OCCUPATION	Jel - 1
日子	S C S	(a) Trade, profession or particular kind of work	To the market of
ES	305/	(b) General nature of industry business, or establishment in	Duration Vrs. mos 2 de
2 2	. V.= + 1	which employed or (employer) (Vocase of s	Contributory & make and
SIP CITY	be car EATH impo	9 BIRTHPLACE (State or country)	Secondary (Juration) A was most ode
MAR	20g	10 NAME OF FATHER	(Signed) Vesner Horas stock
ΣΞ	shoul s ve	11 RIDTHPLACE	1 30 192 (Address) As Of The
TIV	ONSE	OF FATHER Z (State or country) W	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
1	rmatic te CA	of MOTHER Sallie M. Survell	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	(23)	13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
0	200	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
[1	shou ent of	The Above is true to the best of with knowledge	Former or usual residence
WRIT	s sl	(Informant) Get. Co. Cennuls	19 PLACE OF BURIAL, OR REMOVAL DATE OF BURIAL
5	Every it CIANS stateme	(Address) Il Ocean City	Taylor Ville John 3/10 2
(11) so	15 Filed Jan. 30 1981 & S. Mumford.	20 UNDERTAKER ADDRESS
	ż	Registrar If more blanks are needed, address State Registrar	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook, sa to report specifically the occupations of persons enployed as At school, or At home. Care should be taken," definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as (a) the kind of work and also (b) the Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL perilonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. approved by Committee on curbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide: Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopmcumonia (secondary), (secondar, or intercurrent) affection need use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." Chronic interstitial nephritis, American Medical Association.) as fructure of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi name origin; "Cancer" is less definite; avoid 'Congeuital," "Senile," etc.), "Dropsy, for malignant neoplasms); Measles; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

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certificate.

PLACE OF DEATH

County | Orcester

WITHIN CORPORATE LIMITS QF

Village or City Pocomoke City

11101

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-

2 F	ULL NAME John	Michael Findley	number.)
PERSO	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED MATTIE (Write the word)	January 9th., 1921. January (Month) 9th (Day) 1931 (Year)
6 DATE OF B		23rd., 1883	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE	47 yrs. 6	mos. 17 ds. or min	s. The CAUSE OF DEATH * was as follows:
(b) General	profession or Mar and of work Nar nature of industry Ro		Lobar pneumpnia.
which employed (State or of State or of St	oyed or (employer)	yland	Contributory Enlaustion yrs mos 7 ds. Contributory Secondary (Dursylop) yrs mos ds.
ш	PLACE THER or country) IMARY	n O.Findley land	(Signed) M. D. Jan. 10 1921 (Address) POCONIOKE City, Mds *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDE OF MO 13 BIRTH OF MO (State	THER Elizabe	eth Pilker o. Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informati	nt) Mrs.John Mrs.John Mrs.John		Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Jerusalem Cemetary Table 73
	~/U 1923//		Baltimore Naryland Jan. 12th, 1831. POUNDERTAKER POCOMOKE City POUNDER Stevenson Naryland.

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from nature of the business or industry, and therefore an additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colion mill; (a) Solcsman. should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile foctory. The materia. For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Locomotive engineer not gainfully em-(6) Grocery

spinal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebraspina Statement of Cause of Death-Name, first, the Dis Typhoid to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebro pneumonia, Bronchopneumonia ("Pneumonia, fever (never report "Typhoid Pneumonia")

> napproved by Committee on Nomenclature of the · American Medical Association.) (Recommendations on statement of cause of atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, stated unless important. as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menlelanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train-Whooping cough; Never report mere symptoms or terminal condi Chronic valvular heart disease etc. The contributory

answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

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MARGIN RESERVED FOR BINDARG

C., WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BIND WPITE PLA

V. S. No. 1

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	W. B. Every France information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIAN SO CLANS SO full state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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	Every it at of information should be carefully supplied. ACE should be stated EXACTI CIAN Expedited state CAUSE OF DEATH in plain terms so that it may be properly classi statement of OCCUPATION is very important. See instructions on back of certificate.	- Control of the last of the l
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	PLACE OF DEATH	(11005	STATE OF M	ARYLAND
	County Warrester		CERT!FICATE	OF DEATH
		82-0	Registration Di	st. No. 352
	Village or City West Been Caty		St.: Ward)	(If death occurred in a hospital or institu
	2 FULL NAME Mora O. Trasi	Luigo		tion, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF	DEATH
	A SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH	Jan- (Month) 27	27, 193/ (Day) /83/(Year)
ar	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h	CERTIFY, That i atte	
	7 AGE If LESS than	and that death occur	red on the date stated a	bove, at 107 m
	53 yrs. 5 mos. 23 ds. or min.?	The CAUSE OF DEAT	Phenogra	
	B OCCUPATION (a) Trade, profession or	resulles	g in fa	Syses
X	particular kind of work			
4	business, or establishment in 7/		(Duration)	- 2 may 4 de
	which employed or (employer) Laused buy	Contributory	Jel Bland	pressure.
	(State or country)	Secondary	(Dultion 3/	vie mos de
	10 NAME OF FATHER Of BURNES	(Signed) Page 3/	car for	PO THO
	of Father	*State the Di	isease Causing Death,	or, in deaths from
	OF FATHER (State or country) 12 MAIDEN NAME	Vlolent Causes, at Accidental, Suicidal	ate (1) Means of injur	y and (2) Whether
	of MOTHER When		SIDENCE (For Hospital	s, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER	ients or Recent Re	In the	
	(State or Country) Olivade,	of deathyram	racted.	yrsds.
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dear	h?	*
	(Information Chivard Hastings	Former or usual residence		
	(Address) M. Osan Csty	19 PLACE OF BURIAN	L OR REMOVAL	An 30 , 193/
	Filed 1/29 -1931 & Muniford	20 UNDERTAKER	show of	ADDRESS MALE
1	If more bianks are needed, address State Registrar,	16 W. Saratoga St., I	Balto. Requesting V. S.	No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

busines, that fact may be indicated thus; Farmer to tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know the first line will be sufficient, e. g., Farmer or Punter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook Housemoid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile foctory. The materia nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is neceswithout more precise specification as (a) the kind of work and also (b) the single word or term on (6) Grocery, Day

spinal meningitis"); Diphtheria avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebro ed tenn for the same disease. Examples: Cerebrospina Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept Statement of Cause of Death-Name, first, the Dis EASE CAUSING DEATH (the primary affection with respen pneumonia, Bronchopneumonia ("Pneumonia,

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Adata is essential permanently filed. answered in detail, it will prevent further correspondence. All the this certificate is looked over thoroughly and al questions is essential and must be obtained before the certificate is

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	CORD	upplied. ACE should be stated EXACTLY, PHYSI- terms so that it may be properly classified. Exact eq instructions on back of certificate.
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PLACE OF DEATH County Worcester	STATE OF MARYLAND - CERTIFICATE OF DEATH Registration Dist. No. 350
Village or City ocomoke City (No. R.F.D	St: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Wildowed, OR DIVORCED Single (Write the word)	January 27th., 1931. January (Month) 27 (Day) 1931 (Year)
June 15th, 1 927. (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 150, to 170, 190, that I last saw h alive on 170, 190,
J yrs. 7 mos. ds. or min.?	and that death occurred on the date stated above, at la
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country) Waryland	Secondary (Durstion) yrsde,
FATHER CART H. Tambertson II BIRTHPLACE OF FATHER (State or country) Lary Land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidai or Homicidai.
12 MAIDEN NAME OF MOTHER Rena Towell 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) laryland	At place of death yrs ds. In the State yrs mos ds. Where was disease contracted, if not at place of death?
(Informant) Carl H. Lambertson (Address) Poconoka City, Varyland.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 1

V. S. No.

WRITE

Every item of accompation of CIANS should state CAUS statement of OCCUPATION

N. B.

If more branks are needed, addresa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons en-Foreman, For many occupations a Stationary fireman, etc. But in many single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) stated unless important. approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart Immure, "Old Age," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01007
CL.	1. PLACE OF DEATH	(191)
20	County Wordster	Registration Dist. No. 35/
	Village or City Andletree	NoSt.,Ward
0	Length of residence in city or town where death occurred yrs.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrsmosds.
statement	2. FULL NAME Mrs mary L.	Fami
aten		St., Ward.
st	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	1. SEX 4. COLOR ON BAGE 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
classified	5a. If married, widowed, or divorced HUSDAND of (or) WIFE of W. J. Jan Jr.	22. CHEPEBY CERTIFY, That I attended deceased from 1939, to June 15, 1931
	6. DATE OF BIRTH (month, day, end year) May 9. 4872	I last saw her elive on fay 25, 1931; death is said
properly certificate.	7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 7.50 A.m.
rop	58 5 17 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date closest
be p	8. Trade, profession, or particular kind of work done, es SPINNER, Avmennaker SAWYER, BOOKKEEPER, etc.	Cardio-Vascular Renel 6
may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Dislase,
t it on	10. Date deceased last worked at this occupation (month and spent in this year) corupation	
erms, so thainstructions	12. BIRTHPLACE (city or town) Mary Cank	Other Contributory Causes of importance: Abrillation 3
terms, instru	(State or country) (State or country) (State or country)	Al ten a sclusar
ain teri See in	14. BIRTHPLACE (city or town). Mary land (State or country)	Name of operation. What test confirmed diagnosis? What test confirmed diagnosis? We there en autopsy?
_	15. MAIDEN NAME Chrie Davis	23. If death was due to external causes (VIOLENCE) fill in also the following:
H ir	15. MAIDEN NAME Chile Havis 16. BIRTHPLACE (city or town) Mary land	Accident, suicide, or homicide? Date of injury, 19
ATH	(State or country)	Where did injury occur? (Specify city or town, county and State)
OF DEATH in p very important.	17. INFORMANT (Address) Healtful ind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
_	18. BURIAL, CREMATION, OF DEMOKAL	Manner of injury
USE N i	Plece Fordlelms Date fan 28, 1931	Neture of injury
CAUSE TION is	19, UNDERTAKER . L. V. TE'ano (Address) Some Hell, and	24. Was disease or injury in eny way related to occupation of deceased?
	20. FILED. 1/26, 193/ LECoy Serveth Registrar.	(Signed) The Fortbalache M. D. (Address) Liver Fill, M.D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of conset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURMAN V.S.	July 5,1927	Peritonitis	3 days ago
	make the designation of the continue of	41		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Exact PHYSI

is very important.

statement o

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Filed

PLACE OF DEATH	01608 STATE OF MARYLAND
County orcester	CERTIFICATE OF DEATH Registration Dist. No.
Village or City ocomoke City (No. R.F.D. # 2 2FULL NAMEAL Fred Judson Merrill	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED. WIDOWED, OR DIVORCED (Write the word)	January 8th, 1930 January (Month) 8th (Day) 1930(Year),
January Zrd., 1859. (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from December 31 19230 to January 8th 19230 that I last saw him alive on January 8th 19230,
7 AGE If LESS than day hrs. or min.	and that death occurred on the date stated above, at 4.4.2 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Farmer (b) General nature of industry business, or establishment in which employed or (employer)	Lobar Pneumonia. (Duration)
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Alfred B. Merrill	Contributory Secondary (Duration) yrs
OF FATHER (State or country) Paryland 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Harriet Lambden 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant) Carl Merrill	if not at place of death? Former or usual residence
(All) Pocomoke City Varyland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TethodistProtestantCem.

Registrar

UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion sapplies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH Foreman, for many occupations a single word or term on especially in industrial employments, it is neces-(6) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature causing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronie etc. The contributory valvular Always qualify all heart not be disease;

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M	5	PHYSI-
MARGIN RESERVED FOR BINDING	LITE PL. WITH UNFADING INKTHIS IS A PER NENT ECORD	tem of information should be carefully supplied AGE should be stated EXACTLY, PHYSI-should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact ent of OCCUPATION is very important (See instructions on back of certificate)
	10/	40 0

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Worcester. Registration Dist. No. 355 (If death occurred in Ward) a hospit .l er institution, give its NAME it stend of street and number.) PERSONAL AND STATISTICAL PARTICU MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED CR DIVORCED (Write the word) That I attended the deceased from 6 DATE OF BIRTH (Day) (Year and that death occured on the date stated above, at ILLESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed cr (employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Address) II BIRTHPLACE *St..te the Discase Causing l'eath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether OF FATHER (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For hospitals, Institutions, Transients or Recent Residents) 13 DIRTHPLACE At place In the OF MOTHER (State or country) Where was disease contracted, if not at place of death? 14 THE ABOVE 13 TRUE TO THE Former or ususl res.dence Every i CIANS statem If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the (a) Foreman, (b) Automobile factory. The insterial worked on may form part of the second statement. dever return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As example: additional line is provided for the latter statement: it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, et. But in many the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Laborer-Coul mine, etc. Womduties of the (b) Grocery,

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria [avoid use of "Croup", Typhoid fever (never report "Typhoid Pneumonia"." Lobar memonia. Bronchopneumonia ("Pneumonia")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stited unless important. Example: Measles (disease approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., selsis, telunus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICI' A., taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage can be ascertained as the cause. Always qualify : li tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Meusles, inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) by Committee on Nomenclature etc. The contributory valvular heart

If this certificate is looked over thoroughly and all questions anawered in detail, it will prevent further correspondence. he data is essential and must be obtained before the certificate is appermanently filed.

RUBBAU

Registration Dist, No. SSI Village or Characteristics of State of	PLACE OF DEATH County Worcester	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or CRANNE SILENO. 2FULL NAME SILENAME S	Hen. O	(108)
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIEDO WARRIEDO WHITE (Month) (Day) (Write the word) 5 SINGUE MARRIEDO White the word) 6 DATE OF BIRTH (Month) (Day) (Write the word) 7 AGE (Month) (Day) (Write the word) 17 I HEREBY CERTIFY. That I attifieded the decreased from the day in the	= 2/1 2/1/00	,
3 SEX A COLOR OR RACE SENSON MARKE OF OF FATHER (State or country) 10 NAME OF (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF FATHER (State or Country) 13 BIRTHPLACE (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) 15 Filed 16 DATE OF DEATH (Month) (Davy (Month) (Month) (Month) (Month) (Davy (Tear) (Attended state at standed the descased from The CAUSE OF DEATH's was as follows: (Davy (Davy (Month) (Month) (Month) (Month) (Davy (Month) (Month) (Month) (Davy (Month) (Davy (Month) (Month) (Month) (Davy (Month) (Month) (Month) (Davy (Month) (Month) (Davy (Month) (Month) (Month) (Month) (Davy (Month) (Month) (Month) (Month) (Month) (Month) (Davy (Month)	Giobert no	a hospital or institution, give its NAME in stead of street an
3 SEX 4 COLOR OR RACE MARKEE MARKEE WHOWER COLOR WHOWER COLOR WHOWER COLOR With All Color (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attained the deceased from (Month) (Day) (Year) 18 Jack 1987 18 Jack 1987 18 Jack 1987 7 AGE IffLESS than I day hrs. I day hrs. IffLESS than I day hrs. If	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
6 DATE OF BIRTH (North) (Day) (Nonth) (Day) (Nonth) (Day) (Year) 7 AGE (Roth) (Day) (Darwing) (Darwi	male Colored Wildows Villow	16 DATE OF DEATH Jan 8 , 193/
and that death occurred on the date stated above, at # mm day hrs.	6 DATE OF BIRTH	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Informant) (Address) (Informant) (Address) (Informant) (Address) (Informant) (Address) (Informant) (Address) (Informant) (Info	(Month) (Day) (Year)	that I last saw h (M_alive on Jan 8 , 1963)
OCCUPATION OCCUPA	7 AGE [If LESS than	and that death occurred on the date stated above, atm
OCCUPATION a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Address) 15 Filed 18 JORN ARE 19 JORN ARE (Address) 18 JORN ARE (Address) 19 PLACE OF BURIAL OR REMOVAL ADDRESS Registrar ADDRESS	4	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF FATHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 18 1923 / Reference Registrar (Durstion) yre mos. ds (Signed) Contributor Secondary (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (S	OCCUPATION (a) Trade, profession or	Tobar Vneumonia
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 18 1923 RELay Secretary 15 Filed 18 1923 RELay Secretary 16 Contributory 10 Durstion) 18 Contributory 19 (Address) (Address) 19 (Address) (Addre	(b) General nature of industry	
Secondary		(Durstion) vrs. mos ds
10 NAME OF FATHER Wortham (Signed) State of Country Wolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 13 BIRTHPLACE OF MOTHER (State or Country) State or Country State of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfer State or Country	9 BIRTHPLACE (State or country) Vigina	Secondary
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OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS WM 19 3 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS WM 19 3 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS ADDRESS ADDRESS	C (State or country)	*State the Discase Causing Death or In deaths from
At place of death	12 MAIDEN NAME OF MOTHER UNKNOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
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(Address) (Amountal May 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Backs Com 1/9, 1931 15 Filed 1/8/ 1923 / Recountary Support of	(Interment) David Conquest	
Filed 1920 / Elay Delle Win S. Williams Snowthise	Committee ma	11 11 11 11 11 31
	Filed // 1920 / Stay seeder	20 UNDERTAKER JADDRESS
		r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Physician, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, Architect, Locomotive engineer, veer, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Shock," "Old Age," "Shock," Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory need not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V.S. No. 1

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	PLACE OF DEATH	
	CountyWorcester	10
	near A. Sline	-
Vil	Hage or City Now Still No.	
	2FULL NAME Pose Pour	~
	PERSONAL AND STATISTICAL PARTICULARS	
3,5	SEX 4 COLOR OR RACE 5 SINCLE, MARRIED, M	16
10	male lating of monde for funde	9
6 1	DATE OF BIRTH	17
	unkusur, 1888	
7 .	(Month) (Day) (Year)	tha
, ,	The state of the s	Th
	42 (yrs.) mos. ds. or min.?	
1	a) Trade, profession or Homemaker	4.
	p) General nature of industry	*****
В	siness, or establishment in which employed or (employer)	
_	SIRTHPLACE (State or country) Manual Survey	
_	10 NAME OF	**-**
	FATHER luth Mee	(Sig
S	11 BIRTHPLACE OF FATHER MA	
Z	(State or country)	
PARENTS	OF MOTHER CLASANT Beckett	18
	13 BIRTHPLACE OF MOTHER	At
_'	(State or Country)	of o
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if r
	(Informant) Fengia Chyers/ Ister)	usu
	(Address) Showsfull Me,	19_
15	Filed 1/19 1931 LER Swith	M 20
	Filed 190 & Elos Allelon Registrar	(
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101	ST	ATE	OF	MARY	YLAND
	CEI	RTIFIC	CAT	E OF	DEATH

Registration Dist. No. 35

St.:Ward)	tion, give its NAME in stead of street and
	number.)
	•

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH	100
	192
(Month) (Month) 8	(Year / 9
	eased from
that I last saw h Malive on #1873/	., 192,
and that death occurred on the date stated above, at	6 m.
The CAUSE OF DEATH * was as follows:	
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/ Sconcho preumos	ua

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(Duration) yrsmo	do.
Contributory Tolice Myrcan	litin
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(Durstion) yrs	very
(Signed) TI TetunWalsc	LILATO
110/21 Day dull	mil
192 (Address) WW FU	1 of
*State the Disease Causing Death, or, in death Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal.	whether
18 LENGTH OF RESIDENCE (For Hospitals, Institution	ns, Trans-
ients or Recent Residents)	
At place of deathyrsmosds, Stateyrsn	nosds.
Where was disease contracted, if not at place of death?	
Former or usual residence	**** **********************************
19 PLACE OF BURIAL OR REMOVAL DATE OF E	URIAL
non Snow fill ma Jan 2	1934
20 UNDERTAKER ADDRESS	+ 11
Chas a Vurnell Snow A	all.

If more bianks are needed address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e.g., sepsis, 'tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need not be etc. The contributory valvular heart disease;

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PLACE OF DEATH

County orcester

Village or CityPocomoke City

WITHIN OORPORATE LIMITS OF

01012

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	127 11
Of.	Wardi

(If death occurred in a hospital or institu-

	²FU	ILL NAME Grace	Boston Schoolf	field stead of streen number.)	
PERSONAL AND STATISTICAL PARTICULARS			ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
	sex emale	White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	January 22nd. January (Month)	, 192]
6	DATE OF BIR		10th, 184	17 U HEREBY CERTIFY, That I	dended the deceased from
7	AGE	81 yrs. 1	If LESS the laday has not mir	an and that death occurred on the data and	_
	b) General nousiness, or e	nd of work HOU nature of industry establishment in yed or (employer)		Contributory Contributory	~ 7
-	10 NAME C FATHER	Esan Bo	ston	- mu	yrs
RENTS	OF FATH	ter r country)	land	*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
PAR	OF MOTI	HER Esther LACE HER	Nelvin land	18 LENGTH OF RESIDENCE (For Hos ients or Recent Residents) At place of deathyrsmosds.	
14	THE ABOVE	IS TRUE TO THE BEST		Where was disease contracted, if not at place of death?	
			lity, laryland	Presbyterian Cemetary	Jan. 24th 1931
15	Filed //	23 1923//	of Starpo	A	ADDRESS OCOMOKE City

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

8. No.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farner (recitived 6 yrs). For persons who have no occupation state occupation at beginning of illness. If reined from laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on persons en-

Statement of Cause of Death—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept-the ed term for the same disease. Examples: Ceretrospical fever (the only definite synonym is "Epidemic ceretrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," "(Exhaustion," "Heart failure, machine," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; ... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Always qualify all

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V. S. No. 1

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WITE PLACE WITH UNFADING INK-THIS IS A PERMENT CO	-Evity in the of information should be carefully supplied. ACE should be stated EX CINNS should state CAUSE OF DEATH in plain terms so that it may be properly estatement of OCCUPATION is very important. See instructions on back of certific
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	PLACE OF DEATH	01013 STATE OF MARYLAND
	County Worcesles	CERTIFICATE OF DEATH
	MEN 1	(50) Registration Dist. No. 351
	Village or City Provided (No. 2FULL NAME Annie St.)	St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Married OR DIVORCED (Write the word)	16 DATE OF DEATH Jan 10, 1931 (Month) (Day) (Year)
1	B DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1977. to 1937 that I last saw half alive on 1937,
	7 AGE O'O yrs. 2 mos. 3 ds. or min.?	and that death occurred on the date stated above, at 3-3 0 Am. The CAUSE OF DEATH * was as follows:
10	a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of induatry business, or establishment in which employed or (employer)	Carcennes / Dreat with nestro to des
	9 BIRTHPLACE (State or country) Many land	Contributory Secondary (Duration) Trs. mos. ds.
	10 NAME OF FATHER Colyals b. Alrockly	(Signed) M. D. (Address) Snow Yell
	OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) A A A	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Mary V. Bussells 13 BIRTHPLACE OF MOTHER (State or Country) Mary Carallana Cf	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
	(Informant) John & Shockley	if not at place of dea.h?
	(Address) Some Hill BR	Mt George Corneling for 12, 1931
	Filed //10 195/ Refestrar	W. J. HEarn Snow Hill
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtircd 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons-enen at home, who are engaged in the duties of the worked on may form part of the second statement. laborer, rner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation Stationary fireman, etc. But in

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory " Shock,"

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PLACE OF DEATH STATE OF MARYLAND County Worcester CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF OF FATHER *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (State or country) œ 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER (State or Country) Where was disease contracted, if not at place of death?. Every item CIANS shot statement of usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 15 If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation's state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer Green or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the Locomolive engineer

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death tetantile) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomendature as fracture of skull, and consequences (e g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, "Atrophy." "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V S. No. 1

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PLACE OF DEATH	01015 STATE OF MARYLAND
County Worsester	CERTIFICATE OF DEATH
	Registration Dist. No. 355
Village or Cityle haleyvelle (Nond	St.: Ward) (If death occurred I a hospital or institution, give its NAME is stead of street an number.)
2FULL NAME / Canyel J. Show	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
7 AGE Most Date of Birth Mosy 28 , 1930 (Mosth) (Day) (Year) 7 AGE If LESS that I day here	that I last saw have alive on James 1921, to 1921, 1921, 1921, 1921, and that death occurred on the date stated above, at 1921, 1921
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Whoping every
10 NAME OF FATHER Panyle J. Showell 11 BIRTHPLACE OF FATHER (State or country) Manyland	(Signed) (Duration) yrs does does does does does does does doe
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) MA.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents) At place of death
(Informant) Paryle J. Showell (Address) Whalifyville Md. Filed 1-16-1991 Jelen Fragistral	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Whalip ville M. E. Com. Jan. 17, 1930 20 UNDERTAKER M. Parha watron Selbyville
If more blanks are needed, address tate wegistr	ar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1. Del.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. Spinner, should additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Scruant Good, housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farnier rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on be used only when needed. yrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-As examples : (a) 6 The ques-Grocery; Day

spinal meningitis"; Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebros pinal Statement of Cause of Death-Name, first, the pisfever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect pucumonia, and causation), using always the same acceptfever (never report "Typhoid Pneumonia"); Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Hecommendations on statement of cause of death as, fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The valvular heart disease Nomenclature of the contributory Measles ; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all qu stions

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PLAC	E OF	DEATH
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01016

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

Ward) (If death occurred in a hospit I or institu-

the Showel	tion, give its NAME in stend of street and r.umber.)
MIDICAL CERTIFICA	TE OF DEATH
16 DATE OF DEATH	3/ 103/ (Day) (Year)
17 I HEREBY CERTYFY, That	Jan 3/ 1931
that I last saw harm on	Jan. 3/ 1981
and that death occured on the date s	tated above, atm
The CAUSE OF DEATH * was as follo	
death in	wor.
7 months	Pagarene.
(Duration	1)yrs m >s ds
Contributory Secondary	
. Duration	
(Signed) C 9 Holl	and M. D
Jan 31 1931 (Address)	Berlin md
* tate the Disease Causing Violent Caus s, state (1) Means Accidental, Suicidal or Homicidal.	
18 L_NGTH OF RESIDENCE (For ients or Recent Residents)	I ospitals, Institutions, Trans
At place of death yis	In the State yrs
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Whaley Velle	Jan, 13
23 UNDERTAKER	ADDRESS

AND STATISTICAL PARTICULARS

haley fell (No.

OLOR OR RACE S FINGLE. MARRIED. WIDOWED.

OR DIVORCED

(Write the word)

6 DATE OF BIRTH

7 AGE

PA

(Day) (Conth)

(Year fLESS the

I day hr mos. ds. or min

OCCUPATION (a) I rade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed cr (employer)

9 BIRTHPLACE (state or country)

10 NAME OF FATHER RENTS OF FATHER

(State or country) 12 MAIDEN NAME OF MOTHER

13 CIRTHPLACE OF MOTHER (State or country)

If more b.anks are needed address State Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed played, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman.
(a) Foreman, (b) Automobile factory. should be used only when needed. As examples: additional line is provided for the latter statement: nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civit engineer. Stationary fireman, et. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every perron, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc Physician, Compositor, Architect, Locomolive engineer, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm lahorer, without more precise specification as Day If the occupation has been changed Laborerfactory. The material -Coul mine, etc. Wom-(b) Cracery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and cause the same accepted to time and cause the same acceptance of the causality of the only definite synonym is "Ipidemic cerebro-spinal meningitis"); Diphtheria (avoid u e of "Croup"; Typhoid fewer (never report "Typhoid Pneumonia"." Pneumonia.

tetunus) may be stated under the head of "contributory or as probably such, if impossible to determine definitely. diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion, " "Heart Innure, " "Shock," "Inanition, " "Marasmus, " "Old Age, " "Shock," " Uraemia, " "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (secondary or intercurrent) affection American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., se, se, se, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOWICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underean be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meusles; inges, perilonaeum, etc., Carcinoma, Sarcoma, Examples: Accidental drowning; Struck by railway train Whooping cough, unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on Nomenclature 'Congenital," "Senile," etc.), "Dropsy, Chronic Example: Measles (disease " "Coma," etc. The contributory valvular heart disease; ," "Convulsions, need not be etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the cartificate is permanently filed.

BINDIA

FOR

RESERVED

MARGIN

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Oats of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	- 3 Y
The principal cause of death and related caus of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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	-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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PLACE OF DEATH	(11)16 STATE OF MARYLAND
County Orcester WITHIN CORPORATE LIMITE BE	CERTIFICATE OF DEATH Registration Dist. No. 300
Village or City <u>Pocomoke City</u> (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH — /4 — , 1927
	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 Year) that I last saw h last live on 192
	S than and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer) PRITHPLACE (State or country) Maryland	Contributory Secondary Destion Tos
OF FATHER Franklin Stevenson II BIRTHPLAGE OF FATHER (State or country) Maryland	(Signed) 193/ (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Alexine F. Stevenson 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos des.
(Informant) Upshur P. Stevenson	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Pocomoke City, Marylan 15 Filed / - / 5 1923 / G S Hong	20 UNDERTAKER POCOMOKE City

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular Nomenclature of the heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Workers Registration Dist. No. (If death occurred In Ward) a hospital or institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH WIDOWED, OR DIVORCED (Write the word) (Month) (Day) (Year I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH that I last saw h (Month) (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: I day hrs. ds. or min.? B OCCUPATION (a) Trade, profession or particular kind of work / 10 (b) General nature of industry business, or establishment in (Duration) which employed or (employer) 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed). FATHER 192 / (Address) 11 BIRTHPLACE *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER RENT (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER lents or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State. of death yrs mos. (State or Country) Where was disesse contracted,

(Address

if not at place of doa.h?.....

If more b.anks are needed, addre.s htate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Former or usual readence.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farner (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Paysician, Compositor, Architect, Locomotive tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). without more precise specification as For persons Stationary fireman, etc. But in many (b) Automobile foctory. The materia who have no occupation single word or term on As examples: (a) 6 cugineer, Grocery Day

Typhoid fever (never report "Typhoid Pneumonia") spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection withrespect Statement of Cause of Death-Name, first, the DIS time and pucumonia, Bronchopneumonia causation), using always the same accept-("Pneumonia,"

> 10 ds. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; approved by (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the Always qualify all Measles ;

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 (If death occurred in Ward) a hospital or institution, give its NAME it . stead of street and 1118 lessen number.) roper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. Y 16 DATE OF DEATH pe ed WIDOWED OK OR DIVORCED may (Write the word) (Month)(Day). I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that Month) flf LESS than 7 AGE and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: SERVE 8 OCCUPATION 99 (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Ducation) 10 NAME OF DD (Signed) FATHER houl 11 BIRTHPLACE O LI OF FATHER *State the I is ase Causing Death, or, in deaths from Z on Z Violent Causes, state (1) Means of Injury and (2) Whether (State or country CAU Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER nform State ients or Recent Residents) 13 BIRTHPLACE In the At place of death OF MOTHERyrs......mos..... Where was disease contracted, of item of s should if not at place of dea.h? Former or tatement usual residence (Informant) 5 22 Ever CIA1 Registrar If more b.anks are needed, addre.s Ltate Kegistrar, 16 W. Saratoga St., Balto., Lequesting V. S. Iso. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-ployed, us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician. Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a without more precise specification as Day (b) Automobile factory. The material If the occupation has been changed single word or term on Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the his-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebro", spinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. approved by Committee on as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of cough; or intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give ita NAME i: stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED Write the word) (Month) 6 DATE OF BIRTH 17 HEREBY CERTIFY, That I attended the deceased 1862 (Month) (Day) (Year) that I last saw h/M 7 AGE IIf LESS than and that death occurred on the I day hrs. The CAUSE OF DEATH * was as follows: (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributo Secondar cester Co. (State or country) 10 NAME OF FATHER 0 11 BIRTHPLACE SLZ OF FATHER SO or, in Causing Death, deaths from CAU (State or country Violent Causes, state (1) Means of Injury and RE Accidental, Suicidal or Homicidal. PA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfate CUP/ ienta or Recent Residents) Occu 13 BIRTHPLACE In the OF MOTHER State of death. ____yrs.....mos.... (State or Country) Where was disease contracted, of shou 14 THE ABOVE IS TRUE TO if not at place of dea.h?. Every item CIANS sho statement usual residence. ACE OF BURIAL OR REMOV ATE OF BURIA! ADDRESS 20 UNDERTAKE Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm loborer, Laborer—Cool minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return."Laborer,""Foreman,""Manager,""Dealnature of the business or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, to report Foreman, For many occupations a single word or term on especially in industrial employments, it is necesspecifically the occupations of persons en-For persons who have no occupation (b) Stationary fireman, etc. But in many Automobile factory. The materia Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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